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CONFIRMATION NO. 1645

<b>SERIAL NUMBER</b> 10/693,115	<b>FILING OR 371(c) DATE</b> 10/24/2003 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3735	<b>ATTORNEY DOCKET NO.</b> 70826.01
<b>APPLICANTS</b> Ross Tsukashima, San Diego, CA; Jeffery D. Schipper, Ramona, CA; Leo R. Roucher JR., Rancho Santa Pe, CA; Erich H. Wolf, Vista, CA;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/413,701 04/15/2003 PAT 7,101,341				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 01/23/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 31
<b>INDEPENDENT CLAIMS</b> 4				
<b>ADDRESS</b> 22509				
<b>TITLE</b> Respiratory monitoring, diagnostic and therapeutic system				
<b>FILING FEE RECEIVED</b> 527	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1 16 Fees ( Filing ) <input type="checkbox"/> 1 17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1 18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	